



King County
AUTOMOBILE ACCIDENT REPORT

Date: _____

Name of Owner of Your Vehicle: _____ Home Phone _____ Business Phone _____

Model Year _____ Make of Car _____ Body Style _____ Serial Number _____ Motor No. _____

State and License No. _____ Mileage _____ If Mortgaged by Whom Held? _____

Name of Your Insurance Co. _____

Type of Insurance Carried _____

Name of Driver _____ Address _____ Phone _____

Relationship of Driver to Owner _____ Driver's Date of Birth _____ Driver's License No. _____ Purpose Car Being Used _____

Date of Accident _____ Time _____ (AM / PM) Location _____ Address Number and Street _____

CITY - TOWN _____

STATE _____

OCCUPANTS OF VEHICLE:

OCCUPANT OF

NAME	ADDRESS	APPROXIMATE AGE	RELATION TO OWNER	YOUR CAR	OTHER CAR	PEDESTRIAN	INJURED?

Nature of Injuries _____

Where Treated? _____ Name of Doctor Giving Aid _____

DAMAGE TO PROPERTY OF OTHERS

Extent of Damage _____

If Auto Make of Car _____ State and License No. _____ Driver's License No. _____ Driver's Date of Birth _____

Owner's Name _____ Address _____ Phone _____

Driver's Name _____ Address _____ Phone _____

Where Can Property Be Seen? _____

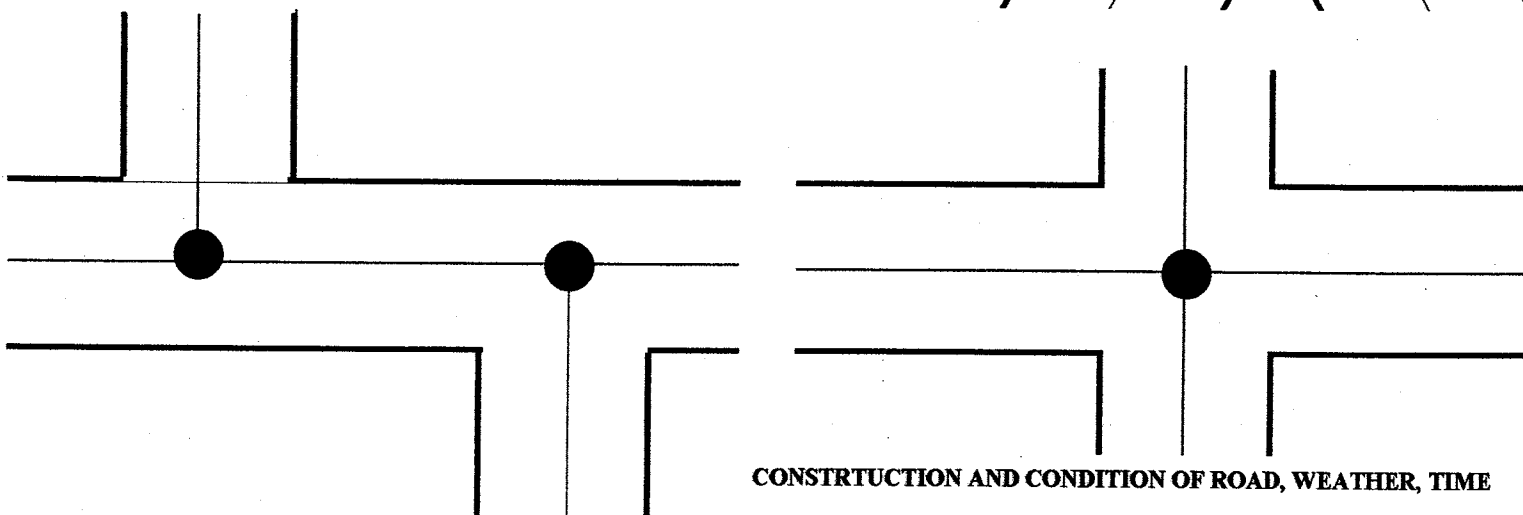
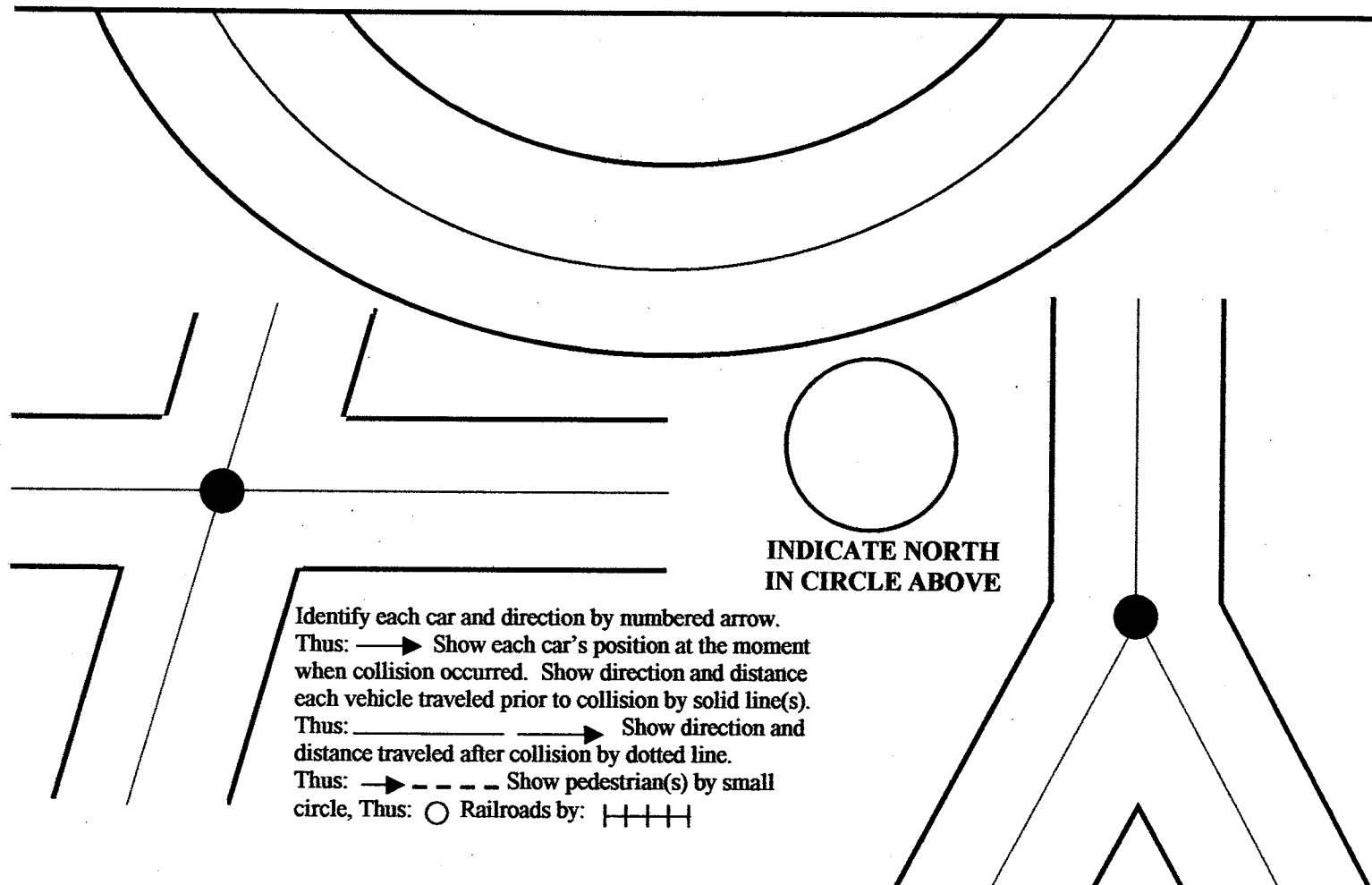
WITNESSES (Include and Indicate Occupants of Cars)

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>

BE SURE TO COMPLETE OTHER SIDE OF THIS REPORT

Dated at _____ (SIGNED) _____

On _____



CONSTRTUCTION AND CONDITION OF ROAD, WEATHER, TIME

CONCRETE	<input type="checkbox"/>	DRY	<input type="checkbox"/>	SMOOTH	<input type="checkbox"/>	CLEAR	<input type="checkbox"/>
GRAVEL	<input type="checkbox"/>	WET	<input type="checkbox"/>	ROUGH	<input type="checkbox"/>	RAINING	<input type="checkbox"/>
OILED	<input type="checkbox"/>	ICY	<input type="checkbox"/>	UPHILL	<input type="checkbox"/>	MISTY	<input type="checkbox"/>
DIRT	<input type="checkbox"/>		<input type="checkbox"/>	DOWNHILL	<input type="checkbox"/>	FOG	<input type="checkbox"/>
ASPHALT	<input type="checkbox"/>		<input type="checkbox"/>	LEVEL	<input type="checkbox"/>	SNOW	<input type="checkbox"/>

TIME OF ACCIDENT: _____ O'CLOCK AM PM